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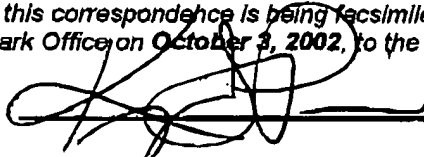
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**FACSIMILE TRANSMITTAL SHEET &  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8****FAX RECEIVED****OCT 04 2002****GROUP 1600**

**TO: Assistant Commissioner of Patents  
United States Patent and Trademark Office  
Attn: Examiner Gina C. Yu  
Fax No. (703) 308-4242  
Phone No. (703) 308-3951**

**OFFICIAL**

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on **October 3, 2002**, to the above-identified facsimile number.*

 (Signature)

**FROM: Kenya T. Pierre  
Fax No. (513) 626-1355  
Phone No. (513) 626-4055**

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Petition for 3-month extension of time, and one copy for authorization to charge fee to Deposit Account;
- 2) Transmittal for Response;
- 3) Response (8 pages);

**Number of Pages Including this Page: 12**

Inventor(s): Scott et al.  
S.N.: 09/874,856  
Filed: 6/05/2001  
Conf. No.: 5088  
Case: 8579

**Comments:**

**To Whom It May Concern:**

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT**

Case Docket No. 8579

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a RESPONSE/AMENDMENT for the patent application:

Inventor(s): Scott et al.

Confirmation No. 5088

Serial No.: 09/874,856

Group Art Unit: 1617

Date Filed: 6/05/2001

Examiner: Gina C. Yu

Title: Pseudoplastic, Film Forming Cosmetic Compositions

1. ☒ No additional fee is known to be required.
2. ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 25	MINUS	** 25	=	x \$18 =	\$
INDEP.	* 01	MINUS	*** 03	=	x \$84 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$280 =	\$
TOTAL						\$

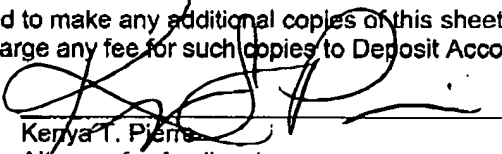
\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a month extension of time.
4. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

  
Kenya T. Perna  
Attorney for Applicants  
Registration No. 50,165  
Tel. No. (513) 626-4055

October 3, 2002

Customer No. 27752